

AUTHORIZATION FOR CRIMINAL HISTORY REVIEW

By signing this form, I authorize Brigham City Corporation to access and review any criminal history that may exist and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities. I understand that any information discovered will not be disseminated beyond those charged by Brigham City Corporation to review said information, namely the Chief of Police, City Personnel Director, City Attorney and the department director. All information provided on this form is true and accurate.

I hereby release Brigham City Corporation, its officers, employees, agents, officials and volunteers from any and all liability that may result in requesting and receiving said information:

Position Applying/Volunteering For

Department/Sport/League/Program

Printed Name of Applicant

Signature of Applicant

Month, Day & Year of Birth

Social Security Number

Drivers License Number

Date of Expiration

Office Use Only:

Approved: _____

Date: _____

Disapproved: _____

Date: _____